



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO3801

Work Order Type: Weatherization

Audit Name: 14014SO3801

CLIENT INFORMATION

Client Name:

Client ID: 14014SO3801

Alt. Client ID: HICKMAN

Address: , Unit 722

CENTERVILLE, TN 37033

AGENCY INFORMATION

Agency: South Central Human Resource Agency

Address: (PO Box 638) 1437 Winchester Highway
Fayetteville, TN 37334

Agency Phone: (931) 433-7182

Fax: (931) 433-0074

Email Address:

Agency Contact: MOOREHEAD, JIMMY

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Client Name:

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Measures

Measure 1 Floor Ins. R-19

Components F1

Inspected

Comment INSTALL R 19 FLOOR INSULATION SEAL BAN JOIST WITH 2 PART FOAM

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	864	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	864	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Measure 2 Refrigerator Rplcmnt

Components

Inspected

Comment INSTALL 21 CUBIC FEET REFRIGERATOR ENERGY STAR RATED

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Refrigerators	-	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

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Measure 3 Fix Improper Venting (Clothes Dryer)**Components****Inspected****Comment** Vent to exterior and cap as per 2.5.4 of SWFG (pages 2-17 and 2-18).☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Exterior Cap / Metal Flex / Clamps	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Smoke CarbonDetector is Needed****Components****Inspected****Comment** INSTALL SMOKE CARBON DETECTOR☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke carbondetector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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**Measure 5 Vapor Barrier Needed
(Basement/Crawlspace)****Components****Inspected**

Comment Install 6 mil poly as ground cover. Over laps should be at least 6". Lap up foundation walls and piers 6" and seal. See page 3-29 of SWFG.

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Basement / crawlspace vapor barrier	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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